

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002754

STATE FILE NUMBER

AMENDED

Registration District No. 211

Primary Registration District No. 4324

Registrar's No. 2-62

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia, Mo.		c. CITY OR TOWN Dixon, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphrey Hospital		d. STREET ADDRESS (If outside, give location) Tavern Rt.	
3. NAME OF DECEASED (Type or print) First Dorsey Middle Homer Last Means		4. DATE OF DEATH Month Jan. Day 11 Year 1962.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/5/1878
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 6 Days 6 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Converse, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jeremiah Means		13b. MOTHER'S MAIDEN NAME Mary Jane Polston	
14. NAME OF HUSBAND OR WIFE Emma Means		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Emma Means, Dixon, Mo. Tavern Rt.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Virus Pneumonia DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 7 Day	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE 	
21. I attended the deceased from 1942 to 1/11/62 and last saw him alive on 1/11/62 Death occurred at 6:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M. A. Gould DO	
22b. ADDRESS Maries Mo		22c. DATE SIGNED 1/13/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/14/62	
23c. NAME OF CEMETERY OR CREMATORY Crismon Cemetery		23d. LOCATION (City, town, or county) Maries County, Mo.	
24. FUNERAL DIRECTOR W. C. Birmingham		25. DATE RECD. BY LOCAL REG. 1-18-1962	
26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach			

(Licensed Embalmer's Statement on Reverse Side)

VS JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. C. Cunningham

Licensed Embalmer No.

3664

P. O. Address

Anna Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.